# WICHE Professional Student Exchange Program Application for Optometry Programs 2020-2021

### Student Information:

First Name Middle Name	
Middle Name	
made name	
Last Name	
Telephone Number	
Permanent Address (must be CO address)	
City, State, Zip Code	
Mailing Address	
City, State, Zip Code	
Telephone Number (permanent)	
Email Address	
Gender	
Date of Birth	
Birthplace	
Marital Status	
Where did you hear about WICHE PSEP?  Ethnicity question is optional. Please circle one.  American Indian/Alaskan Native Asian/Pacific Islan	ndor Black Hispania White
American Indian/Alaskan Native Asian/Pacific Isla	nder Black Hispanic White
Colorado Residency Information:	
Color and Residericy Illior Hation.	
Dates of continuous physical presence in Colorado	
Dates of continuous physical presence in Colorado	
Dates of continuous physical presence in Colorado  Dates of absences (+1 months) from Colorado	
Dates of continuous physical presence in Colorado  Dates of absences (+1 months) from Colorado  Date Colorado driver's license issued	
Dates of continuous physical presence in Colorado  Dates of absences (+1 months) from Colorado  Date Colorado driver's license issued  Held a previous Colorado driver's license? Yes / No	
Dates of continuous physical presence in Colorado Dates of absences (+1 months) from Colorado Date Colorado driver's license issued Held a previous Colorado driver's license? Yes / No Exact years of Colorado motor vehicle registration	
Dates of continuous physical presence in Colorado  Dates of absences (+1 months) from Colorado  Date Colorado driver's license issued  Held a previous Colorado driver's license? Yes / No  Exact years of Colorado motor vehicle registration  Dates of employment in Colorado	
Dates of continuous physical presence in Colorado Dates of absences (+1 months) from Colorado Date Colorado driver's license issued Held a previous Colorado driver's license? Yes / No Exact years of Colorado motor vehicle registration Dates of employment in Colorado Exact years Colorado income tax filed	
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List all higher education institutions you have attended:

Name	Location (City and State)	Dates Attended	Tuition Status (Instate, out-ofstate or private)	Date Degree Obtained
You are applying for:  Certification (first year and alternate Certification (Recertification (certified)  I have applied or plan to apply to the	currently enrolled in d in year but di	an optometry progr	am)	
When do you expect to graduate from	m optometry school?		_	
I understand that intentional omission the Colorado WICHE Professional Stusupport obtained through incomple eligible to participate in Optometry	dent Exchange Progr te and/or false info	am and that I will be	e held liable for repay	ment of any financia

Lawful Presence Verification Requirement

Signature

Under Colorado Revised Statutes §24-76.5-103(4), it is necessary that you (1) provide proof of your lawful presence in the United States and (2) execute an affidavit affirming your lawful presence, under penalty of law for any false statement, before your application will be considered.

Date

With this affidavit, to be signed by you in the presence of a notary public, you must also produce for verification of your identity and lawful presence one of the following:

- a) A valid Colorado driver's license or Colorado state ID Card;
- b) U.S. Military card or Military Dependent's ID card;
- c) U.S. Coast Guard Merchant Mariner card;
- d) Native Tribal document; or
- e) A tuition classification certification form signed by an authorized United States military education services official as evidence of an applicant's lawful presence in the United States.

<u>Special Instruction to Notary Public</u>: Please make a copy of the identification/document being produced by the affiant as an offer of proof of lawful presence, and attach the copy to this affidavit statement, if a copy has not already been provided by the affiant and attached.

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#### **AFFIDAVIT STATEMENT**

I,, with my signature below do hereby solemnly swear or truly and sincerely affirm, an declare under penalty of perjury and all other applicable laws of the state of Colorado, that (check one):
I am a United States citizen;
I am a Permanent Resident of the United States; or
I am lawfully present in the United States pursuant to Federal law.
I further solemnly swear or truly and sincerely affirm, and declare under penalty of perjury and all other applicable laws of the state of Colorado, that the identification instrument produced by me as verification of my lawful presence in the United States, a copy of which is attached to this affidavit statement, is a true and complete instrument validly issued to me and to no other.
I understand that this sworn or affirmed statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.
I further acknowledge that making a false, fictitious or fraudulent statement or representation in this affidavit statement is punishable under the criminal laws of Colorado, including but not necessarily limited to as perjury in the second degree under Colorado Revised Statute §18-8-503, and that it shall constitute a separate criminal offense each time a public benefit is fraudulently received.
(Print Affiant/Declarant's full name) (Affiant/Declarant's Signature)
Subscribed and sworn to or affirmed before me, in my presence thisday
of, 20, a Notary Public in and for the
County and State of
County and State of(County and State)
(Signature of Notary Public)
My commission expires(Enter month, day and year or stamp)

Please send the completed application to the Colorado Department of Higher Education at 1600 Broadway Suite 2200 Denver, CO 80202 Attn: PSEP